THE GENERAL BOARD

United States Forces, European Theater

TRAINING STATUS OF MEDICAL UNITS AND MEDICAL DEPARTMENT PERSONNEL

MISSION: Prepare Report and Recommendations on Training Status of Medical Units and Medical Department Personnel Upon Their Arrival in the European Theater of Operations.

The General Board was established by General Orders 128, Headquarters European Theater of Operations, US Army, dated 17 June 1945, as amended by General Orders 182, dated 7 August 1945 and General Orders 312 dated 20 November 1945, Headquarters United States Forces, European Theater, to prepare a factual analysis of the strategy, tactics, and administration employed by the United States forces in the European Theater.

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REPORT

ON

TRAINING STATUS OF MEDICAL UNITS AND MEDICAL DEPARTMENT PERSONNEL UPON THEIR ARRIVAL IN THE EUROPEAN THEATER OF OPERATIONS

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THE GENERAL BOARD
UNITED STATES FORCES, EUROPEAN THEATER
APO 408

TRAINING STATUS OF MEDICAL UNITS AND MEDICAL DEPARTMENT PERSONNEL UPON THEIR ARRIVAL IN THE EUROPEAN THEATER OF OPERATIONS

PART ONE

TRAINING STATUS OF MEDICAL DEPARTMENT UNITS UPON THEIR ARRIVAL IN THE EUROPEAN THEATER OF OPERATIONS

CHAPTER 1

TRAINING STATUS OF MEDICAL DEPARTMENT UNITS IN THE ARMY GROUND FORCES

SECTION 1

INDIVIDUAL TRAINING

1. Role of the Unit Commander in the Conduct of Individual Training. Major General Paul R. Hawley has made the statement that "we did not have good and bad medical department units in the European Theater of Operations" but rather "there were medical department units with good unit commanders and medical department units with poor unit commanders". However, there were certain factors over which the unit commanders at times had little control, which adversely effected the status of training of the units upon their arrival.

a. The Training of Enlisted Personnel in the Medical Detachments of Separate Units in the Zone of the Interior was adversely effected by the following:

(1) Failure to assign battalion surgeons to such units until just prior to the time that the unit departed for overseas duty.

(2) Lack of continuity of command of the medical detachment.

(3) Inadequate screening of personnel for assignment to medical detachments.

(4) Lack of actual experience in caring for casualties, since the facilities of the post, camp or station were largely utilized in treating the sick and wounded.

(5) Replacements from medical replacement training centers had had inadequate training in the tactics of the arm to which they were assigned.

b. The deficiencies in training of enlisted personnel in separate medical units has been observed more particularly in the separate

companies which were frequently commanded by young and inexperienced medical department officers. The lack of a battalion or regimental headquarters to actively supervise the training was acutely felt in many instances, and it is believed to be one of the outstanding disadvantages inherent in the organization of field medical units into separate companies rather than type battalions.

2. Basic training should be given all medical department personnel immediately after they enter the military service. This is particularly true of the officers (male and female) in the medical department who, if they do not receive this basic training immediately after they enter upon active duty, are apt to form undesirable habits which are very difficult to eradicate later in their military service.

3. Individual Medical Department Training. Adequate screening and classification of personnel should be made early in basic training so that at a very early date specialist training can be instituted and the individual prepared for the position to which it is intended that he be assigned.

a. Training of medical department technicians in technical subjects is extremely difficult to conduct with reality and every effort should be made to utilize the normal sick and injured of camp, post or station to furnish realism to training.

b. The lack of adequate field training was particularly noticeable in the nurses assigned to field units, few of whom had had any experience in living under field conditions, frequently joined their unit immediately prior to departure for the port of embarkation and were initially a liability to the unit.

c. Medical officers and nurses in many instances were not carefully selected for or trained to perform highly specialized tasks that were to be expected of them. The assignment of the officer personnel presents two different problems: first, the professional qualifications required to fill the table of organization vacancy to which it is proposed to assign them; second, the physical, psychiological and training background necessary to fulfill their mission in a field unit.

SECTION 2

UNIT TRAINING

4. Unit training has been adversely effected by the following factors:

a. First and second echelon medical service for divisions and separate units of the arms and services has been too frequently by-passed in the care of patients of the unit in favor of the service command medical facilities in the camp, post or station.

b. Unit training of separate medical units has been inadequate primarily because there have been, in most instances, no opportunities to actually process casualties during the training phase. Sir William Osler has aptly stated, "To study patients without books is to sail an uncharted sea, but to study books without patients is not to go to sea at all". Examples of this could be:

(1) Utilization of the litter bearers in the station hospital.

(2) All the ambulance service operated by separate ambulance and collecting companies.

(3) Utilization of clearing company personnel to operate small hospitals.

(4) Mobile hospitals should have all personnel assigned early and at least during the latter part of the unit-training phase should actually operate a hospital, utilizing the equipment with which they are expected to function in the combat zone.

5. Provisions of the Geneva Convention. It has been almost universally true that mobile medical department units have been inadequately trained in the provisions of the Geneva Convention which apply to mobile medical department units and which are well presented in Field Manual 27-10. There have been many rumors to the effect that the belligerents in World War II were not adhering to the provisions of the Geneva Convention. Sight was lost of the fact that the Congress of the United States had directed the armed forces to abide by these provisions. Early experience in world War II disclosed that the best protection that could be provided in medical department installations was the display of the red cross. In spite of this, to the last, units arriving in the European Theater of Operations had been trained in and had practiced camouflage and dispersion. This training defect also resulted in poor preparation from a supply standpoint for taking advantage of the protection offered by the Geneva Convention. Medical personnel with combat units preferred a large red cross on white background painted on their helmets rather than the brassard which could not always be seen.

CHAPTER 2

TRAINING STATUS OF MEDICAL DEPARTMENT UNITS IN THE ARMY SERVICE FORCES

SECTION 1

INDIVIDUAL TRAINING

6. The individual training of medical department enlisted men by the Army Service Forces in general was satisfactory. Those individuals who had completed the entire training period as prescribed by War Department training directives were fully qualified for the position occupied. During the early stages of the mobilization period, an adequate training program had not been put into effect by the War Department and training of individuals at this time depended to a great extent upon the resourcefulness of the unit commanders. It has been noted that "preactivation" trained units, which were trained in unit training centers, were not as well qualified in the technical aspects of operations as those units who had ample opportunity for parallel training in operating hospitals in the United States. These center trained units were equally qualified from the standpoint of basic training but the training of medical department specialists was comparatively deficient from the standpoint of practical application of technical knowledge acquired through school and unit training. The placing of training units adjacent to operating hospitals in the Zone of the Interior would appear to be a better method of training than the grouping of large numbers of medical units in a few centers where the opportunity for practical application of knowledge obtained is infinitesimal and requires the hospital to begin operation in a theater with untrained technical talent. "On the Job" training requires a greater period of time than school training but the end result is an accurately trained individual both from a theoretical and practical standpoint. "On the Job" training has several disadvantages; the quality of the teaching staff on a

whole is inferior to that found in the school centers, standardization of training is difficult and the time spent in training individuals interferes with the efficient operation of the operating unit.

7. The individual training of officers and nurses by the Army Service Forces has not been well balanced. The urgent requirement for nurses has resulted in their training being limited almost exclusively to "On the Job" training in Zone of the Interior hospitals. Nurses were assigned to units destined for overseas service at such a late period that the time which should have been spent in unit training had to be spent in basic military training and individual training. Medical department officers in general received adequate training in the Medical Field Service School but unfortunately this training was not available to most officers immediately after their entrance upon active duty. As a result, they had formed bad habits prior to receiving this training and these habits were difficult to correct.

8. Medical textbooks listed as references in the mobilization training programs should be included in the equipment list of any unit to which the Mobilization Training Program applies. While these textbooks may be generally available at training centers, the need for them does not cease to exist when a unit begins operations in an overseas theater. One example of this continuing need was in preparing training programs for the large number of branch immaterial replacements that were received early in 1945. A few examples of textbooks listed in MTP 8-1 which are not included in a general hospital assembly are Gray's Anatomy, Howell's Physiology, and Christopher's Minor Surgery.

SECTION 2

UNIT TRAINING

9. Short Trained Units. During the latter part of 1944 and the first part of 1945, training was adversely influenced by the lack of training time in the Zone of the Interior. The urgent need for units in the European Theater of Operations resulted in their acceptance by the theater in a short-trained status.

10. Coordination and integration of units prior to overseas shipment was not given sufficient emphasis. The officers and nurses frequently were not assigned to the unit until just shortly before embarkation. As a result, the unit commander had little or no time to evaluate his unit. Instead of arriving in the theater with confident knowledge of the organization of the unit into a functional whole, he was required to make trial and error adjustments during actual operation in order to familiarize himself with individual capabilities. A unit should be intact a minimum of six weeks prior to embarkation so that the organization can be worked out, the various departments of hospital activity thoroughly coordinated and so that an opportunity is afforded individuals to become familiar with the equipment with which they are to work. A hospital is not ready to perform its primary mission unless the unit has its organic personnel and authorized equipment and has actually established a hospital and cared for casualties. The tremendous difficulties involved in affording this type of training in the Zone of the Interior are fully appreciated. However, the same difficulties, and additional difficulties incident to the proximity of the combat zone obtain in the theater of operations. It is strongly recommended that wherever possible Army Service Forces hospitals should be given the opportunity to perform their primary mission as a unit prior to embarkation for a theater of operations. It is believed that this could be done if the mobilization plan called for utilization of theater operations type of equipment in Zone of the Interior station hospitals and if theater of operations hospitals were given an opportunity to operate station hospitals of the cantonment type in the Zone of the Interior.

PART TWO

TRAINING STATUS OF MEDICAL DEPARTMENT REINFORCEMENTS UPON THEIR ARRIVAL IN THE EUROPEAN THEATER OF OPERATIONS

CHAPTER 1

TRAINING OF MEDICAL DEPARTMENT ENLISTED REINFORCEMENTS

SECTION 1

TRAINING OF MEDICAL DEPARTMENT ENLISTED REINFORCEMENTS FOR ARMY GROUND FORCE UNITS

11. Medical department enlisted reinforcements (replacements) were never available in sufficient quantity to meet the requirements of Army Ground Force units in the European Theater of Operations.

12. The individual medical department enlisted reinforcements that did arrive in the army areas were generally unsatisfactory for the following reasons: the proportion of non-commissioned officers to privates was unduly high in the favor of non-commissioned grades; the reinforcements had not received adequate tactical and technical training in the employment of the several arms of the service; they had not had an opportunity to make practical application of their theoretical knowledge of medical technical subjects; most of these reinforcements had been trained by the Army Service Forces and had not expected to be assigned to battalion medical sections of combat battalions; and the majority of these reinforcements had had no unit training with any type unit.

SECTION 2

TRAINING OF MEDICAL DEPARTMENT ENLISTED REINFORCEMENTS FOR COMMUNICATIONS ZONE UNITS

13. A large number of the enlisted reinforcements supplied to medical department units in the Communications Zone were limited service personnel. Limited service personnel can be utilized by communications zone units if they are trained as technicians. However, a majority of these limited service personnel were not trained as technicians and were unable to perform hard manual labor in medical depots and as litter bearers in general hospitals. As a whole, medical department enlisted reinforcements were better trained for duty with communications zone units than for army ground force units.

CHAPTER 2

TRAINING OF MEDICAL DEPARTMENT COMMISSIONED REINFORCEMENTS

SECTION 1

TRAINING OF MEDICAL DEPARTMENT COMMISSIONED REINFORCEMENTS FOR GROUND FORCE UNITS

14. Medical department commissioned reinforcements for army ground force units were limited almost exclusively to medical administrative corps officers. The change from two medical corps officers per battalion medical section to one medical corps officer and one medical administrative corps officer per battalion medical section was made after the invasion of France and the medical officers thus released made up the bulk of the medical corps officer reinforcements available in the European Theater of Operations.

15. Training of medical department commissioned reinforcements in general was satisfactory except that the majority of these officers had never had experience with army ground force units. The medical administrative corps officers have done an especially fine job as assistant battalion surgeons. Battlefield commission of experienced non-commissioned officers is an excellent source of assistant battalion surgeons.

SECTION 2

TRAINING OF MEDICAL DEPARTMENT COMMISSIONED REINFORCEMENTS FOR COMMUNICATIONS ZONE UNITS

16. Commissioned reinforcements for Communications Zone Medical Units were not received in sufficient numbers to meet the requirements. The relatively high casualty rate of medical department officers in the army ground forces has required the majority of the reinforcement officers and very few have been available for communications zone units.

17. A definite plan should have been put into effect whereby young medical department officers, recently graduated from school, should have been sent to the theater, not as reinforcements for communications zone units, but as reinforcements for army ground force units. These young officers could have replaced older and more experienced officers who had spent considerable time in frontline units. These older officers could then have been used as reinforcements for communications zone units.

PART THREE

CONCLUSIONS AND RECOMMENDATIONS

18. Sufficient emphasis has not been placed upon the selection of the highest type officer to command medical department units.

19. The training of enlisted personnel in battalion and regimental medical detachments suffered from the lack of adequate and continuous officer supervision.

20. The training of separate medical companies was deficient as a result of the abolishment of the medical regiment with the resulting loss of mature officer supervision.

21. All medical department enlisted men and officers should be given thorough basic military training immediately after their induction or entry upon active duty.

22. Individual medical department training has been deficient mainly due to a lack of an opportunity to make practical application of the knowledge learned.

23. Medical officers and nurses have not been assigned to units sufficiently early in the training period to permit proper integration and coordination of the units prior to their departure for a theater of operations.

24. Medical units in training in the Zone of the Interior have put too much dependence upon camp, post and station medical facilities and have not taken full advantage of the opportunity to obtain practical experience in the care and management of the sick and injured.

25. Training of mobile hospitals and clearing companies has put too much emphasis on tactical training and not enough emphasis on training the unit to actually perform its primary mission.

26. Training of individuals in medical department schools is more practical during the mobilization period, but the training of technicians can not be considered complete until they have had practical "On the Job" training.

27. Training literature and medical textbooks have not been readily available to unit commanders in the Zone of the Interior and sufficient textbooks are not included in the equipment lists of mobile and fixed hospitals.

28. "Short-trained" units present a serious problem to the theater surgeon and every effort should be made to activate units in sufficient time to prevent their departure for an overseas theater prior to completion of their training.

29. Medical department enlisted reinforcements should be supplied in the grade of private or private first class because the highest casualty rate occurs in the lower grades. This would also permit a promotion of worthy enlisted men with battle experience and training under combat conditions.

30. Medical department enlisted reinforcements for army ground force units should be selected, trained and processed separate from reinforcements for communications zone units. They should receive thorough basic military training and should be especially trained in the tactics and techniques of the arms (especially the infantry) and should have adequate basic medical training.

31. Limited service personnel are suitable as medical department enlisted reinforcements for communications zone units only if they have been trained as technicians.

32. Medical department commissioned reinforcements for army ground force units should be selected, trained and processed separate from reinforcements for communications zone units. Special emphasis should be placed on securing young officers as reinforcements for army ground force units. Their training should emphasize tactics (of the arms as well as medical tactics) instead of technical medical training.

33. Medical department commissioned reinforcements for communications zone units should include officers selected and trained in hospital administration, ward management and supply, in addition to a well balanced group of officers thoroughly trained in the several surgical and medical specialties. These officers should be selected from the middle and older age groups and limited service personnel may be utilized.

34. All medical department personnel and all medical installations should be thoroughly trained in the provisions of the Geneva Convention which apply to medical department personnel and medical units.

35. Units that departed early for theaters of operation should have been authorized an overstrength of officers qualified to conduct training. After a short period of actual experience in the theater, they should have been returned to the Zone of the Interior to supervise training.

BIBLIOGRAPHY

The information contained above has been obtained by personal conferences with any by a study of the written reports by Colonel Daniel J. Sheehan and other officers in the Operations and Training Section of the Office of the Chief Surgeon, United States Forces, European Theater; and the surgeons and/or commanding officers of the following units:

1 Medical Group
64 Medical Group

31 Medical Depot Company

1 Medical Laboratory
7 Medical Laboratory
362 Medical Laboratory

6 Convalescent Hospital

826 Convalescent Center
827 Convalescent Center
828 Convalescent Center

9 Field Hospital
50 Field Hospital

92 Medical Gas Treatment Bn.
93 Medical Gas Treatment Bn.

49 Medical Battalion
50 Medical Battalion
57 Medical Battalion
58 Medical Battalion
63 Medical Battalion
168 Medical Battalion
172 Medical Battalion
178 Medical Battalion
181 Medical Battalion
184 Medical Battalion
185 Medical Battalion
188 Medical Battalion
261 Medical Battalion
426 Medical Battalion

32 Evacuation Hospital, semi-mobile
34 Evacuation Hospital, semi-mobile
35 Evacuation Hospital, semi-mobile
45 Evacuation Hospital, semi-mobile
96 Evacuation Hospital, semi-mobile
101 Evacuation Hospital, semi-mobile
102 Evacuation Hospital, semi-mobile
103 Evacuation Hospital, semi-mobile
106 Evacuation Hospital, semi-mobile
109 Evacuation Hospital, semi-mobile
110 Evacuation Hospital, semi-mobile
112 Evacuation Hospital, semi-mobile
120 Evacuation Hospital, semi-mobile
121 Evacuation Hospital, semi-mobile
132 Evacuation Hospital, semi-mobile

28 Station Hospital
35 Station Hospital
49 Station Hospital
77 Station Hospital
78 Station Hospital
110 Station Hospital
180 Station Hospital

45 Veterinary Company

711 Medical Sanitation Company

430 Ambulance Company
488 Ambulance Company
489 Ambulance Company
490 Ambulance Company
546 Ambulance Company
548 Ambulance Company
552 Ambulance Company
564 Ambulance Company
565 Ambulance Company
566 Ambulance Company
572 Ambulance Company
575 Ambulance Company
583 Ambulance Company
589 Ambulance Company

390 Medical Collecting Company
420 Medical Collecting Company
421 Medical Collecting Company
422 Medical Collecting Company
432 Medical Collecting Company
448 Medical Collecting Company
463 Medical Collecting Company
464 Medical Collecting Company
501 Medical Collecting Company
502 Medical Collecting Company

515 Medical Clearing Company
520 Medical Clearing Company
628 Medical Clearing Company
640 Medical Clearing Company